



**BOARD OF HEALTH MEETING MINUTES**  
**Tuesday, January 23, 2018**

**BOARD MEMBERS:**

Larry Church, Commissioner, Payette County  
Nate Marvin, Commissioner, Washington County  
Tom Dale, Commissioner, Canyon County (Absent)  
Kelly Aberasturi, Commissioner, Owyhee County  
Bill Brown, Commissioner, Adams County  
Richard T. Roberge, MD, Physician Representative  
Bryan Elliott, Commissioner, Gem County

**STAFF MEMBERS:**

Nikole Zogg  
Doug Doney  
Patty Foster  
Brian Crawford  
Carol Julius  
Diane Markus  
Katrina Williams  
Sonia Rodriguez  
Molly Smith

**GUESTS:** Heather Taylor – Program Manager, Idaho Department of Health and Welfare

**MEETING CALLED TO ORDER -- CHAIR**

Chairman Larry Church called the business meeting to order at 10:02 a.m.

**INTRODUCTION OF NEW EMPLOYEES**

Doug Doney introduced Molly Smith, Health Education Specialist, Senior in the Public Health Preparedness (PHP) Program. Molly is a long time Medical Reserve Corps volunteer. Prior to joining SWDH, Molly worked at College of Western Idaho (CWI). She has previous experience working in a Western Washington public health district as an Environmental Health Specialist. Molly's background and experience is a huge asset to the PHP program and SWDH.

Carol Julius introduced Sonia Rodriguez, bilingual clinical assistant. Sonia has served as a foster parent and enjoys providing services to families.

Kirsten Rosin was unable to attend today. She will meet board members at a future meeting.

**REQUEST FOR ADDITIONAL AGENDA ITEMS**

Patty Foster asked that the Cash Balance report be added as an agenda item for discussion and action items for the cash balance.

No objections noted. The review and approval of the cash balance report will be added to the December expenditure and revenue report.

#### **REVIEW AND APPROVAL OF 12/19/17 MINUTES**

No changes to the Board of Health minutes of December 19, 2017 were noted.

**MOTION:** Dr. Roberge moved to approve the minutes of December 19, 2017 as presented. Commissioner Aberasturi seconded the motion. Motion approved by unanimous consent.

#### **REVENUE AND EXPENDITURE REPORT:**

Financial Manager Patty Foster presented the December financial report. December was a three pay period month which increased personnel expenses. Patty explained that she made a change to the net cash position and how it is reported to help clarify the information for board members. Patty removed contract accrual and restricted and committed funds from the gross net cash balance. Patty explained that without these changes we are counting the board committed reserves that went in at the beginning of the year to balance the budget as revenue. These funds are not revenue. Once those reserves are removed our actual net cash position is \$61,000.

Patty explained that Nutrition and Health Promotion is continuing to grow and is bringing in more fee revenue than projected.

#### **CASH BALANCE REPORT**

Patty presented the cash balance reports that each health district provides. Patty noted that District 3 has 4.1 months of operating expenses available. The Board previously indicated a three month operating fund would be a more appropriate fund to hold available. Patty presented several options to reduce the amount of reserves to three months.

Commissioner Aberasturi explained that Joint Finance Appropriations Committee (JFAC) does not typically want agencies to hold many more than three months of reserves.

Patty recommended the Board commit funds for different areas of capital expenditures at a later time. Funds can be removed from operating and put into capital reserve which would require a board action at a later date to expend those funds. She explained that paying down and then paying off the Caldwell facility depleted the capital reserve account. The areas Nikki, Doug, and Patty identified are medical equipment and training. As SWDH moves into primary care there may be equipment we need to purchase. One example is an ultrasound machine and training for that. The clinic is investigating options for an electronic medical records (EMR) replacement system and Environmental Health is in need of replacement of their Tech program, which has been in use for about 15 years.

Commissioner Aberasturi discussed the advantages of simply transferring funds from operating into capital reserve.

**MOTION:** Commissioner Brown moved to transfer \$755,000 out of operating account and commit it to the following areas: Medical equipment and training - \$75,000; Computer systems/EMR replacement - \$140,000; Building/capital projects - \$540,000. Commissioner Marvin seconded the motion. Motion approved by unanimous consent.

### **AUDIT REPORT**

Patty explained the Fiscal year 2014 and 2015 audit report and provided copies for Board members to take and read at their leisure. Patty explained that the financial reports were compiled by the previous financial manager. During the audit it was noted that we had no documentation for review of the financial statements. The auditors accepted Patty's review as the peer review and that item was finished out. An audit finding was issued and has been remedied. In Patty's opinion the finding is minor and is the first finding SWDH has had in about 20 years. The required response of what SWDH has done to correct has been provided.

### **SPECIAL REPORT - FLU**

Southwest District Health Epidemiologist Cheryl Craig provided a special report on influenza. She covered the spread of flu, historical facts about flu in Idaho, and discussed prevention methods. She highlighted the 1918 Spanish Flu pandemic in September 1918. Idaho had 75 deaths from that pandemic.

Currently, Idaho has had regional flu activity since December. As of today in week two of January 2018 the entire nation has had widespread influenza activity. The pediatric deaths for this year total 30 in the United States. The flu season runs through the end of May and more deaths are expected.

Cheryl explained that SWDH does surveillance of other hospitals and clinics for rapid flu testing and the most common strain being seen is the A(H3). The presence of the B strain is also spiking.

The influenza related deaths reported from Idaho Health and Welfare total 22 in Idaho.

Cheryl also explained that SWDH epidemiologists also monitor flu outbreaks at long term care facilities. Epidemiologists provide guidance on isolating residents, treating with Tamiflu to isolate the virus and keep it from spreading. Flu testing kits are taken to the facilities. Epidemiologists also work to ensure isolation precautions are being followed and check the vaccine status of the staff and residents to see if low vaccination rate might impact an outbreak. She explained the epidemic curve showing staff members and residents.

Prevention methods include avoiding close contact with people who are sick, staying home when sick, thoroughly washing hands, and avoiding touching nose, mouth, or eyes.

Cheryl emphasized the importance of being vaccinated. The flu vaccine can protect you from the virus until the end of flu season. Antibodies take about 2 weeks following vaccination to build up and the vaccine is needed yearly.

### **EXECUTIVE COUNCIL MEETING REPORT**

Nikki provided an update on the recent Executive Council meeting. The Executive Council met recently and discussed the draft legislation District 4 is bringing forward to clarify some of the expectations of the Executive Council. Some changes were made and a revised draft is available. Nikki explained that the Board members reviewed the revised draft and provided further direction. The current proposed legislation specifies that any formula changes to the state appropriation would hold in place for five (5) years. There is consensus amongst the council members that a three-year term is more favorable. The council also suggested adding language to allow changes to be made during the three-year period if some kind of emergency happened and there was

unanimous consent by the trustees to make an amendment to the appropriation. District 1 is completely opposed to the legislation. Districts 2,3,5,6, and 7 agreed to take the information to their Board to gauge their support. Representative Blanksma agreed to take the legislation forward and get a print hearing and hold it until she gets feedback before moving forward. All legislation has to be introduced by February 12.

### **FOOD ESTABLISHMENT INSPECTION WORKGROUP UPDATE**

Nikki updated board members on the food establishment inspection workgroup's progress. The meetings have been productive and have facilitated great discussion between the health districts and the industry representatives. Options discussed include taking fees out of statute but referencing in statute rules on how fee setting would take place. The workgroup has also discussed beginning to implement additional charges for items such as late charges, and re-inspection fees. The industry representatives have indicated they would rather see smaller increases to the license fees and implement fees for other items. No legislative changes are proposed this year. The deadline to propose a rule for this legislative session has passed.

Most of the districts will support changes that will move forward with statute and rule. The workgroup does not currently have a meeting scheduled but the next meeting will be scheduled following the Executive Council's next in person meeting. Brian noted that industry representatives have participated in the meetings and provided valuable feedback. Industry representatives are open to more frequent reviews of the fees.

Nikki explained that Idaho Department of Health and Welfare (IDHW) has participated in the workgroup. Dr. Roberge asked if IDHW would be willing to provide a letter of intent stating they would support the legislation though they are unwilling to carry it forward.

### **DIRECTOR'S REPORT**

#### **Crisis Center plans and sustainability**

Nikki discussed the status of the crisis center workgroup. The group began pursuing the formation of a joint powers entity (JPE) and having counties, cities, and IDHW as part of that. Through the course of conversation and drafting contract language to form that JPE the conclusion was made that that may not be the best way to move forward. IDHW also felt that a JPE may not be the best way. If the contract goes to the administrator of the crisis center IDHW does not need to be part of that agreement. In addition, there was some reservation about the effectiveness of forming another layer of government and then having the cities involved.

Nikki took the issue back to legal counsel and discussed the possibility of proceeding through the use of contract. Nikki asked for guidance from board members about whether counties would be agreeable to using a contract method and appointing members to a fiduciary board. There does need to be a physician, a consumer, and a law enforcement representative on the Board. We have a very active Behavioral Health Board and there may be an opportunity for the BHB to provide those recommendations as well.

Commissioner Aberasturi asked about the possibility of utilizing the Behavioral Health Board as the advisory board. Heather Taylor would need to exempt herself from that since she is an employee of IDHW.

The other piece is that Saint Alphonsus has offered to donate a physical space for a crisis center. Saint Alphonsus has had some leadership changes and Nikki is working to re-connect with the right people. The initial conversation is that Saint Alphonsus will donate the facility with the understanding that it will be used as crisis center. If crisis center services are provided for less than 5 years then the facility will go back to Saint Alphonsus. If the crisis center is sustained beyond 5 years, it will become the property of SWDH.

Nikki has met with Blue Cross, Medicaid, Pacific Source, and Regence and each payer has been very open to paying for their insured customers who utilize the services of the crisis center. Draft Memorandum of Understanding (MOU) documents have been sent to the payers for review by their legal staff.

Nikki asked for feedback particularly regarding the JPE vs. contract status and if there's need for further conversations between Nikki and other county commissioners. Some of the counties were very specific when she came and visited to them about having an exit clause in the JPE. She explained that contract would also have a similar exit clause availability.

Tele-mental health services may also be available to help outlying counties with patients who may show there. Board members agree that in a contract situation cost savings must be identifiable.

Nikki spoke to Adams County regarding their unwillingness to contribute funds until services are more available to them. Nikki and Heather have been working with Valor Health and Weiser Memorial to determine if they are willing to provide any type of stabilization services as part of their emergency department services.

Nikki will send out the draft contract prepared by legal counsel.

### **Clinic transformation**

Nikki updated board members on clinic changes. December 31 was the last day of operating under Title V and Title X. Staff did a great job of implementing the changes and posting notices advising clients of fee changes. Instead of determining eligibility at the time of each visit staff now ask nearly every client who comes for services to bring \$20 and depending on their income a sliding fee schedule has been put in place. The fee schedule does not slide to \$0.

Nikki also explained that we are in the process of revising our fee schedule in cooperation with District 4. This will allow us to get reimbursement from insurance payers but also use a sliding scale. Another piece is working on contracts with payers and Medicaid and she hopes to have those in place by April.

As part of our reorganization and in an effort to work together more closely, centralize check in and add efficiencies Carol and Diane have been working with their teams to create and implement some training plans. Diane added that she and Carol are working to integrate and blend staff and bring together clinic staff and WIC staff.

### **Legislative Update**

Nikki provided a brief summary of some of the health issues being addressed in the legislation. One of the issues being discussed is the family planning waiver that Representative Blanksma is bringing forward. The idea of the legislation is to expand Medicaid a little to cover the cost of women needing family planning services and changes the qualifications for that. That has not been introduced yet but is in draft form and is expected to be introduced shortly. The dual waiver that Russ Barron put forward has been introduced and is meeting some resistance. The dual waiver expands Medicaid coverage for people with certain chronic long-term conditions and moves some people off of the exchange and onto Medicaid.

There is also some legislation being introduced for the regional Behavioral Health Boards that adds another position of prevention specialist to the boards so that it would now be a 23-member board. The legislation also changes the composition of the Behavioral Health Board's executive council.

There being no further business, the meeting adjourned at 12:47 p.m.

The next regular Board of Health meeting is scheduled for Tuesday, February 22, 2018 at 10:00 a.m.

Respectfully submitted:

  
Nikole Zogg  
Secretary to the Board

Approved as written:

  
Larry Church  
Chairman

4/24/18  
Date